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EDITORIAL

How Can Family Physicians Help The Depressed Elderly?

Depression is common. In Western societies, it has been estimated that the prevalence of major depression is around 5% in the general population.[1,2] The prevalence of major depression is not known in Hong Kong but was found to be 4% among the adult Chinese patients in a primary care setting in Shanghai.[3] Depression probably precedes the majority of all completed suicides.[4] The fact that Hong Kong's elderly suicide rate is one of the highest in the world with almost 250 completed elderly suicides in 1995, at a rate 2.5 times above the average for the general population, is a good indication that depression must be very common among the elderly in Hong Kong,[5] as in many other countries.[6] Late-onset, unipolar depression is particularly characteristic of elderly suicides.[7]

It is also known that over 70% of the general public attend their family physicians at least once a year. The elderly, being the major sufferers of chronic and degenerative disorders, are more likely to attend their family physicians who are therefore in the best position to help the majority of the depressed elderly. A recent Hong Kong study revealed that almost 70% of the elderly suicide cases had consulted their doctors, either primary care doctors or specialists, within one month prior to their deaths.[5] This is a sad reminder that many of these elderly did not have their depression recognized and treated by their doctors. This problem, however, is not unique to Hong Kong[6]

Depression may be difficult to recognize. This is particularly the case in Hong Kong since the majority of depressed patients present with physical symptoms rather than psychological problems. Sleep disturbance and dizziness were found to be two of the most common presentations of depression among patients attending a primary care clinic.[8] There is no information to suggest how the majority of family physicians would handle patients with these symptoms. However, there is certainly a need to remind doctors that many of these patients presenting with physical symptoms are indeed suffering from depression. It may also be more difficult to diagnose depression in the elderly because multiple problems are often presented in one consultation. And yet, recognition and diagnosis of depression is very important because many of the suicides can be prevented if the depression is treated. Family physicians are more likely to detect depression in patients who overtly manifest depressed mood or crying, but these are behaviours less typical among depressed elderly, particularly older men.[9] In Hong Kong, the highest elderly suicide risk groups are the older elderly aged 75 or above, males and the unmarried single elderly. Poor health status, limited social support, economic inactivity and living in more crowded districts with fewer facilities are also contributing factors.[5]

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Family physicians must bear in mind that many patients are not likely to voluntarily communicate their suicidal intent in primary care setting.[10] Family physicians should therefore ask about suicidal thoughts in all elderly patients who present with symptoms of depression.[11] Both counselling and antidepressants have been shown to be beneficial for patients with major depression. With training, family physicians should be able to counsel most of the depressed elderly. They should also be familiar with the use of antidepressant compounds, particularly their side effects and the likelihood of a delay of 2-3 weeks before significant improvements will occur. If necessary, the elderly depressed patients should be referred to psychiatrists if they are at risk of self harm.

Many of the elderly patients with depression have strong social elements as underlying causes. Government and voluntary agencies may be able to provide the badly needed social supports. If indicated, family physicians should refer their depressed elderly to these social work agencies who have the appropriate resources. "Care in the community", a concept recommended by the Working Group on Care for the Elderly in 1994, called for the appropriate support for older persons and their families to allow old people to grow old in their home environment with minimal disruption.[12] This is also the most cost effective way of providing quality health care services for our rapidly increasing elderly population who will number over one million by the year 2000. The importance of the role of family physicians in facilitating coordination and comprehensiveness of health care services for the elderly cannot be overstated.[13,14] To allow the community care concept for the elderly to be successful, however, community-based family physicians, be they in public or private service, must play a pivotal role. ■

Lam Tai Pong
Editor

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